PRICE (Mordecai)

Hysterectomy for puerperal infection.

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HYSTERECTOMY FOR PUERPERAL INFECTION.*

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In a discussion at Baltimore of Hysterectomy in Puerperal Septicemia I made the statement that this operation should be considered nothing less than a criminal procedure; and I stand by that statement to-day. There is no condition of suffering woman to which we are called that appeals so earnestly to our hearts and calls so loudly to us for a helping hand as do these cases of puerperal infection during and after labor. None where we can do so much mischief by meddlesome surgery, or so much good if we but properly appreciate the conditions and only apply the teaching of common sense to the treatment. Some of our surgical brethren would have us believe that in hysterectomy we have the long-looked-for relief for this desperate condition, and as proof for this statement refer us to the long list of terrible failures and deaths. Out of all the cases operated on there is scarce a single successful one. Let us for a moment look at a condition these men say they can best treat by hysterectomy and we can the better understand why they fail. For instance, we are called to a patient three to five days or more after her labor, with a temperature ranging from 103° to 106° or more, with all the complications that come of a badly treated case of confinement in ignorant hands, or it may be a desperate case in the hands of a competent attendant, with all symptoms the very worst, with a fœtid discharge or not as the case may be, with pulse temperature and skin all indicating a general septic condition.

Now we ask ourselves what is best to be done, for the danger signal is up and our patient must be rescued from impending death. The first and most important question to my mind is to find out the cause of the danger, for it is not always from the uterus, but from injuries of the pelvic floor, or bungling and dirty and badly done surgery now so common after labor, or the unclean attendant and his

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unclean materials in making repairs. But, leaving out all these conditions and accidents, and coming down to the uterus and to those cases where we believe the cause of infection is in the uterus, what should be done first? We all know that we should remove every possible source of infection.

How shall this be done? Must we follow the teaching of those who believe in curetting the uterus with a sharp curette, and then, if not at once relieved and the high temperature reduced in a few hours, remove the uterus by hysterectomy? Or should we remember that in the past there have lived men who thought the finger the proper instrument to do this work in a most thorough manner, and without the cutting, wounding, and mutilation by the sharp curette in a position where septic materials can not be excluded?

With the finger every particle of membrane and placenta remaining after labor can be removed; if not without ether, we can always do so with its aid. No one can properly clean out the uterus without firm support of the uterus by the hand outside the abdomen. Pushing the uterus down so that the finger can reach to the entire depth of the uterus, the finger will remove all that should be removed without wounding the parts in the least. And what is best about this way of doing the operation is that we know when we are done, and the smooth surface of the uterus cleaned by an instrument endowed and educated as the surgeon's finger, and it can not help but do better work than the sharp curette or any instrument devised by the instrument maker. Follow this with thorough irrigation of the uterine cavity with a double-channel irrigator, first with an antiseptic and then only with pure water at a temperature of 110°. I am daily more and more convinced of the dangers of any meddling in cases of confinement, and find those women do better who have the least handling in and after labor. There is one other point that my experience daily confirms, and that is, if we are clean, and our patients are kept clean and not meddled with, they all get well. How many old practitioners in the country who can point to many hundreds of women they have delivered without a death! Water is the best antiseptic yet, and at a proper temperature will give the very best results.

In looking over the reported cases of puerperal hysterectomy that have recovered, I find them to be those cases of diseased appendages with abscess and a localized peritonitis, or it may be a general peritonitis, with the entire abdomen filled with pus.

We all know that there is scarcely a member of this Society who has not reported cases of this character cured by abdominal section

with irrigation and drainage, some of them desperate ones. I know I have had a number of them. There is no operation that has given me so much satisfaction as this one.

In cases of puerperal infection where I can demonstrate local lesions with symptoms of pus and locate the pus, the way is clear what to do, and we should remove the pus at once by operation.

Those surgeons recommending hysterectomy in puerperal sepsis have not as yet given us a single proof of its advisability either in the discussions of the subject or in their many reports of operations done for its relief. On the contrary, their arguments in favor of the operation have nothing in them to convince us of its usefulness or of their ability to decide, even from their side of the question, the proper cases for operation. The mortality, I think, will settle the question if nothing else—one hundred per cent.; rather high for a good showing. Not many women would accept the risk.

Puerperal sepsis has darkened the pages of medical history from the earliest times. The subject has engaged the attention of the most active and thoughtful men of our profession, and nowhere can we find any form of medical or surgical treatment without some recoveries to recommend it. I have seen a great number of puerperal women in the last twenty-five years suffering from septic conditions; some of them were lost, but a very large percentage recovered under the treatment as stated above. The medical treatment I do not propose to discuss here. It is utterly impossible to say what cases will recover. Some of the very worst and most desperate get well; others, seemingly mild cases, perish. To select those for surgical treatment would be impossible. Then to operate on a woman in a general septic condition, to leave a large wounded surface in a woman already poisoned unto death and expect her to recover from an operation that taxes the strength and endurance and recuperative power of one in good condition to its uttermost is simply absurd. I can therefore only condemn in the most positive manner puerperal hysterectomy for sepsis.